PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 .

Application or Docket Number

09921534

CLAIMS AS FILED - PART I (Column 1) (Column 2)						nn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5			X\$ 9=	45	OR	X\$18=		
IND	EPENDENT CLA	MIS	6 minus 3 =		3			X40=	120	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT						图		+135=	135	OR	+270≃		
* If the difference in column 1 is less than zero, enter *0*					r "0" in c	olumn 2	ı	TOTAL	695	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAI					
	er trylogerer dt	(Column 1)			mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	25	Minus	0	25			X\$ 9=		OF	X\$18=		
AME	Independent	· O	Minus	ENDEN	CLAIM	= /		X40=		ÓR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL ADDIT. FEE	- /	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER KOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.30	Minus	2	\bigcirc	= (†)]	X\$ 9=		OR	X\$18=		
	Independent	5	Minus		<u>(Q</u>	<u>- </u>	4	X40=		OR	X80=		
┞	FIRST PRESE	NIATION OF W	OLTIPLE DEF	ENDEN	II CLAIM		ا ل	+135=		OR	+270=		
							ļ	TOTAL ADDIT. FEE		OR	YOYAL ADDIT, FEE		
_		(Column 1)			umn 2)	(Column 3)					_		
ENT		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDME	Total	-27	Minus	5	4	= 1	4	X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	PENDE	S NT CLAIM	J= //	4	X40=		OR	X80=		
-	1				46411	<u> </u>	L	+135=		OR	+270=		
:	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT, FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. PECT AVAILABLE OPV													

FORM PTO-875 (Rev. 8/00)

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

	PATEI	Application or Docket Number															
		Effe	PLICATION FEE DETERMINATION RECORD Effective November 10, 1998						09/921 52								
		SMA	L. LL ENTI	`/ ~~	(0)												
	FOR	NU	(Column 1) MBER FILED			olumn 2) R EXTRA		E		R SMAI	ER THAN L ENTIT						
	BASIC FEE				11011152	<u> </u>	RAT		-	RATE	FEE						
	TOTAL CLAIMS		minu	s 20=	•	·		380	00	R	760.0						
	INDEPENDEN	T CLAIMS		ıs 3 =			X\$ 9		0	R X\$18:	=						
	MULTIPLE DE	PENDENT CLAIM	CLAIM PRESENT				X39		0	R X78=							
	* If the difference in column 1 is less than zero, enter "0" in column 2						+130	=	0	R +260=							
								L	0	R TOTAL							
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L ENTIT	Y OF		R THAN ENTITY						
11/	4	CLAIMS REMAINING		F	IGHEST NUMBER	PRESENT] [ADD	1-	SMALL	ADDI						
RILLO	WEN.	AFTER AMENDMEN	т 📈		EVIOUSLY AID FOR	EXTRA	RATE	TION		RATE	TIONA FEE						
	Total Independen	. 46	Minus	**	59	= 0	X\$ 9=		J OF	X\$18=							
		SENTATION OF	Minus MULTIPLE DE	PENDE	FNT CLAIN	<u> = 0</u>	X39=	1/	OF	X78-	/ -						
								-	OR								
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	(Column 1) (Column 2) (Column 3)									ADDIT, FEE	: L						
	WE Total Total Independent	REMAINING AFTER AMENDMENT		PRE	UMBER EVIOUSLY ND FOR	PRESENT EXTRA	RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE						
	Total U Independent	<u> </u>	Minus	**		=	X\$ 9=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR	X\$18=	1.55						
	FIRST PRES	_1	Minus MULTIPLE DEF	PENDE	NT C AIM	=	X39=		OR	X78=							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		+260=							
							+130= TOTAL		OR	TOTAL							
ŀ		(Column 1)			umn 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE	L						
	Total Independent	REMAINING AFTER AMENDMENT		NU PREV	SHEST IMBER MOUSLY ID FOR	PRESENT EXTRA	RATĘ	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL						
	Total	•	Minus	**		=	X\$ 9=	FEE	1	X\$18=	_FEE						
	Independent	*	Minus	***		=	X39=		OR								
t	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	X78=							
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT FEE								OR	+260=							
									OR A	TOTAL ODIT. FEE							
		•	. ,		UIB 1	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											